### **Application Data Sheet**

### **Application Information**

Application number:: Filing Date:: Regular Application Type:: Utility Subject Matter:: Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: **URL Munging** Title:: 019396-002300US Attorney Docket Number:: Request for Early Publication:: No Request for Non-Publication:: No 4B Suggested Drawing Figure:: 8 **Total Drawing Sheets::** No Small Entity?:: Latin name:: Variety denomination name:: No Petition included?:: Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mark

Middle Name:: R.

Family Name:: Thompson

Name Suffix::

City of Residence:: Chandler

State or Province of Residence:: AZ

Country of Residence:: US

Street of Mailing Address:: 1130 West Longhorn Drive

City of Mailing Address:: Chandler

State or Province of mailing address:: AZ

Country of mailing address::

Postal or Zip Code of mailing address:: 85248

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Nathan

Middle Name:: F.

Family Name:: Raciborski

Name Suffix::

City of Residence:: Jackson

State or Province of Residence:: WY

Country of Residence:: US

Street of Mailing Address:: 470 Arapaho Drive

City of Mailing Address:: Jackson

State or Province of mailing address:: WY

Country of mailing address::

Postal or Zip Code of mailing address:: 83002

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Mohan

Middle Name:: I.

Family Name:: Kokal

Name Suffix::

City of Residence:: Peoria

State or Province of Residence:: AZ

Country of Residence:: US

Street of Mailing Address:: 8003 West Clara Lane

City of Mailing Address:: Peoria

State or Province of mailing address:: AZ

Country of mailing address::

Postal or Zip Code of mailing address:: 85382

#### **Correspondence Information**

Correspondence Customer Number:: 20350

Representative Information

Representative Designation:: Representative Number:: Representative Name::

Primary 35,809 Charles J. Kulas

Associate 43,616 Tom Franklin

# **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

# **Foreign Priority Information**

Country::

Application number::

Filing Date::

# **Assignee Information**

Assignee Name::

Aerocast.com, Inc.

Street of mailing address::

5744 Pacific Center Boulevard, Suite 301

City of mailing address::

San Diego

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 92121